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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05949 (3)

1. Corporation Name  
INTERSTATE/JOHNSON LANE CORPORATION

Principal Place of Business  
1100 INTERSTATE TOWER  
P.O. BOX 1012  
CHARLOTTE NC 28201-8012

Mailing Address  
1100 INTERSTATE TOWER  
P.O. BOX 1012  
CHARLOTTE NC 28201-1012



3. Date Incorporated or Qualified 05/09/1985  
3a. Date of Last Report 10/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

4. FEI Number

Applied For

56-0276890

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNOR, TERENCE G  
5300 SOUTHEAST FINANCIAL CENTER  
200 S BISCAYNE BLVD  
MIAMI FL 33131-9339

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS  
NAME WILSON, JENNIE M  
STREET ADDRESS 1100 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CD  
NAME DALTON, PARKS H  
STREET ADDRESS 1100 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  
NAME MORGAN, JAMES H  
STREET ADDRESS 1100 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME RUFF, EDWARD C  
STREET ADDRESS 1000 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VSD  
NAME HEARN, MICHAEL D  
STREET ADDRESS 1100 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  
NAME DALRYMPLE, EDWIN, A  
STREET ADDRESS 1100 INTERSTATE TOWER  
CITY-ST-ZIP CHARLOTTE NC

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Hearn, Secretary 1/13/97 704/379-9121

Date

Daytime Phone #

0009724

CR2E034 (9/96)